County: Jefferson Facility ID: 3470 Page 1

FORT HEALTH/REHAB CENTER

430 WILCOX STREET

FORT ATKINSON 53538 Phone: (920) 563-5533 Ownershi p: Corporati on Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 97 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 126 Average Daily Census: 92

Number of Residents on 12/31/00: 89

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)					
No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	38. 2	
No					1 - 4 Years	48. 3	
No	Developmental Disabilities	0.0	Under 65	7. 9	More Than 4 Years	13. 5	
No	Mental Illness (Org./Psy)	28. 1	65 - 74	10. 1			
Yes	Mental Illness (Other)	4. 5	75 - 84	32. 6		100. 0	
No	Alcohol & Other Drug Abuse	0.0	85 - 94	36. 0	***************	******	
No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	13. 5	Full-Time Equivale	nt	
No	Cancer	3. 4			Nursing Staff per 100 R	esi dents	
Yes	Fractures	1. 1		100.0	(12/31/00)		
No	Cardi ovascul ar	12. 4	65 & 0ver	92. 1			
No	Cerebrovascul ar	7. 9			RNs	5. 6	
No	Diabetes	3. 4	Sex	%	LPNs	8. 3	
No	Respi ratory	5. 6			Nursing Assistants		
	Other Medical Conditions	33. 7	Male	30. 3	Aides & Orderlies	37. 7	
No			Female	69. 7	1		
		100.0					
No				100. 0	[
	No No No No No No No No No No No No	No Primary Diagnosis No	No Primary Diagnosis	No Primary Diagnosis	No Primary Diagnosis	No Primary Diagnosis	

Method of Reimbursement

		Medi	care		Medi c	ai d											
		(Titl	e 18)	((Title	19)		0th	er	P	ri vate	Pay]	Manage	d Care		Percent
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	2	3. 1	\$89. 74	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	2. 2%
Skilled Care	9	100. 0	\$219.55	55	85. 9	\$76.93	2	100. 0	\$90.64	13	92. 9	\$149.01	0	0. 0	\$0.00	79	88. 8%
Intermediate				7	10. 9	\$76. 28	0	0. 0	\$0.00	1	7. 1	\$149.01	0	0. 0	\$0.00	8	9.0%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain Inj	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	9	100. 0		64 1	100. 0		2	100. 0		14	100.0		0	0. 0		89	100.0%

FORT HEALTH/REHAB CENTER

***********	*****	********	******	******	*******	*********	******
Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi ti	ons, Services	, and Activities as of 12/	31/00
Deaths During Reporting Period							
				%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	4.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	1.7	Bathi ng	4. 5		76. 4	19. 1	89
Other Nursing Homes	6. 3	Dressi ng	11. 2		70. 8	18. 0	89
Acute Care Hospitals	84. 7	Transferri ng	24. 7		49. 4	25. 8	89
Psych. HospMR/DD Facilities	2.3	Toilet Use	19. 1		47. 2	33. 7	89
Rehabilitation Hospitals	0.0	Eati ng	36. 0		48. 3	15. 7	89
Other Locations	1. 1	**************	******	******	******	*********	******
Total Number of Admissions	176	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	9.0	Recei vi ng	Respiratory Care	16. 9
Private Home/No Home Health	9. 9	0cc/Freq. Incontine	nt of Bladder	67. 4	Recei vi ng	Tracheostomy Care	1. 1
Private Home/With Home Health	9. 4	0cc/Freq. Incontine	nt of Bowel	50.6	Recei vi ng	Sucti oni ng	1. 1
Other Nursing Homes	9.4				Recei vi ng	Ostomy Care	2. 2
Acute Care Hospitals	37. 0	Mobility			Recei vi ng	Tube Feeding	3. 4
Psych. HospMR/DD Facilities	2.8	Physically Restraine	ed	13. 5	Recei vi ng	Mechanically Altered Diets	37. 1
Rehabilitation Hospitals	0.0						
Other Locations	7. 7	Skin Care			Other Reside	nt Characteristics	
Deaths	23.8	With Pressure Sores		5.6	Have Advan	ce Directives	95. 5
Total Number of Discharges		With Rashes		4. 5	Medications		
(Including Deaths)	181				Recei vi ng	Psychoactive Drugs	12. 4
**********	*****	*******	******	******	******	********	*****

		0wn	ershi p:	Bed	Size:	Li c	ensure:		
	Thi s	Proj	pri etary	100-	199	Ski l	lled	Al l	
	Facility	Peer	Group	Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	73. 0	83. 7	0. 87	86. 4	0.84	87. 0	0.84	84. 5	0.86
Current Residents from In-County	62. 9	75. 1	0. 84	79.8	0. 79	69. 3	0.91	77. 5	0.81
Admissions from In-County, Still Residing	10. 2	18. 7	0. 55	23.8	0. 43	22. 3	0. 46	21.5	0.48
Admissions/Average Daily Census	191. 3	152. 8	1. 25	109. 7	1. 74	104. 1	1.84	124. 3	1. 54
Discharges/Average Daily Census	196. 7	154. 5	1. 27	112. 2	1. 75	105. 4	1.87	126. 1	1. 56
Discharges To Private Residence/Average Daily Census	38. 0	59. 1	0.64	40. 9	0. 93	37. 2	1. 02	49. 9	0. 76
Residents Receiving Skilled Care	91. 0	90. 6	1.00	90. 3	1. 01	87. 6	1.04	83. 3	1.09
Residents Aged 65 and Older	92. 1	95. 0	0. 97	93. 9	0. 98	93. 4	0. 99	87. 7	1.05
Title 19 (Medicaid) Funded Residents	71. 9	65. 4	1. 10	68. 7	1. 05	70. 7	1. 02	69. 0	1.04
Private Pay Funded Residents	15. 7	23. 2	0. 68	23. 2	0. 68	22. 1	0.71	22.6	0. 70
Developmentally Disabled Residents	0. 0	0.8	0.00	0.8	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Residents	32. 6	31. 4	1.04	37.6	0. 87	37. 4	0. 87	33. 3	0. 98
General Medical Service Residents	33. 7	23. 2	1.45	22. 2	1. 52	21. 1	1. 59	18. 4	1.83
Impaired ADL (Mean)	51. 9	48. 9	1.06	49. 5	1.05	47. 0	1. 10	49. 4	1.05
Psychological Problems	12. 4	44. 1	0. 28	47. 0	0. 26	49. 6	0. 25	50. 1	0. 25
Nursing Care Required (Mean)	9. 0	6. 5	1. 38	7. 2	1. 25	7. 0	1. 28	7. 2	1. 26